PTO/SB/30 (09-04) Approved for use through 07/31/2006. OMB 0651-0031

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Request	Application Number	09/890,597	
For Continued Examination (RCE) Transmittal Address to: Mail Stop RCE Commissioner for Patents P.O. Box 1450	Filing Date	May 24, 2002	
	First Named Inventor	Wolfgang Dultz	
	Art Unit	2613	
	Examiner Name	Hanh Phan	
Alexandria, VA 22313-1450	Attorney Docket Number	2345/159	

This is a Request for Continued Examination (RCE) under 37 CFR 1.114 of the above-identified application.

Request for Continued Examination (RCE) practice under 37 CFR 1.114 does not apply to any utility or plant application filed prior to lune 8 1995 of to any despire application for personal properties.

June 6, 1995, or to a	ny design application. See instruction Sneet for F	tCES (not to	be submitted to the USPT	O) on page 2.	
1. Submission required under 37 C.F.R. 1.114 Note: If the RCE is proper, any previously filed unentered amendments and amendments enclosed with the RCE will be entered in the order in which they were filed unless applicant instructs otherwise. If applicant does not wish to have any previously filed unentered amendment(s) entered, applicant must request non-entry of such amendment(s).					
Previously submitted. If a final Office action is outstanding, any amendments filed after the final Office action may be considered as a submission even if this box is not checked.					
i.					
	mendment/Reply iii. ☐ Info fidavit(s)/Declaration(s) iv. ☐ Oth		closure Statement		
2. Miscellane	ous				
a. Suspension of action on the above-identified application is requested under 37 C.F.R. 1.103(c) for a period ofmonths. (Period of suspension shall not exceed 3 months; Fee under 37 C.F.R. 1.17(i) required) b. Other					
The RCE fee under 37 C.F.R. 1.17(e) is required by 37 C.F.R. 1.114 when the RCE is filed.					
The Director is hereby authorized to charge the following fees, or credit any overpayments, to     Deposit Account No.11-0600 . I have enclosed a duplicate copy of this sheet.					
i.  ☐ RCE fee required under 37 C.F.R. 1.17(e)  ii. ☐ Extension of time fee, if applicable (37 C.F.R. 1.136 and 1.17)  iii. ☐ Other The Director is hereby athorized, as appropriate and/or necessary, to charge payment of fees (including any additional extension fees) required, associated with this communication or arising during the pendency of this application, and/or to credit any overpayment, to the deposit account number 11-0600 of Kenyon & Kenyon LLP.  b ☐ Check in the amount of \$enclosed   enclosed   enclosed					
Provide credit card information and authorization on PTO-2038.					
	SIGNATURE OF APPLICANT, ATTOI	_	AGENT REQUIRED		
Signature Name (Print /Type)	/Linda Lecomte/	Date	N- (AH(A))	October 16, 2009 47,084	
Name (Filit / Type)	Linda Shudy Lecomte		on No. (Attorney/Agent)	47,004	
CERTIFICATE OF MAILING OR TRANSMISSION					
Lhoreby, contify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to -Mail Stop RCE. Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450 or facsimile transmitted to the U.S. Patent and Trademark-Office on the date shown below.					
Signature  I hereby certify that this correspondence is being electronically fled with the United States Patent and Trademark Office via EFS-Web submission to Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, /Linda Lecomte/					
Name (Print /Tyne)	Linda Shudy Lacomta (Pag. No. 47 084)	Date	October 16, 2009		

This collection of information is required by 37 CFR 1.114. The information is required to obtain or retain a benefit by the public which is to this (and by the USPTO to process) an application. Confidentially as governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application from to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this butter, should be sett to the individual case. Any comments on the amount of time you require to complete the form and/or suggestions for reducing this butter, should be sett to the FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Mail Stop RCE, Commissioner for Patients, P.O., Box 1450, Alexandria, VA 22313-1450.